

## DECLARATION

As a below-named inventor, I(we) hereby declare that:

### TYPE OF DECLARATION

This declaration is of the following type:

- ☒ original
- ☐ design
- ☐ supplemental
- ☐ national stage of PCT
- ☐ divisional
- ☐ continuation
- ☐ continuation-in-part (CIP)

### INVENTORSHIP DECLARATION

My residence, post office address, and citizenship are as stated below next to my name;

I verily believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### BALLOON ASSEMBLY WITH A TORQUE

the specification of which:

- a) ☒ is being filed concurrently herewith
- b) ☐ was filed on \_\_\_\_\_ and assigned Serial No. \_\_\_\_\_
- c) ☐ was filed as PCT International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ and amended under PCT Article 19 on \_\_\_\_\_.

### ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56.

- ☐ In compliance with this duty there is attached an Information Disclosure Statement.  
37 CFR 1.97.

### PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d), of any foreign application(s) for patent or inventor's certificate or of any PCT international applications(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international applications(s) designating at least one country other than the United States of America filed by me having the same subject matter having a filing date before that of the application on which priority is claimed.

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35 United States Code, §119(e) of any United States provisional application identified below.

U.S. APPLICATIONS	
APPLICATION NUMBER	U.S. FILING DATE
1.	
2.	

#### CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S) UNDER 35 U.S.C. §120

I hereby claim the benefit under Title 35, United States Code, §120 of any United States applications(s) or PCT international applications(s) designating the United States of America that is/are listed below.

U.S. APPLICATIONS	
APPLICATION NUMBER	U.S. FILING DATE
1.	
2.	
PCT APPLICATIONS DESIGNATING THE U.S.	
PCT APPLICATION NO.	PCT FILING DATE
3.	

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Telephone calls and correspondence should be directed to: Lisa L. Ryan-Lindquist, at Customer No. 490, Telephone: (952) 563-3000, Facsimile: (952) 563-3001.

**First Inventor**

Full name:

**Tracee Eidenschink**

Inventor's signature:



Date:

9/11/03

Citizenship:

**US**

Post office Address:

**2232 Pinto Drive  
Wayzata, MN 55391**

Residence:

(If different than above)

**Second Inventor**

Full name:

Inventor's signature:

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Date:

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Citizenship:

Post office Address:

Residence:

(If different than above)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

<b>Inventor(s):</b>	Tracee Eidenschink
<b>Title:</b>	BALLOON ASSEMBLY WITH A TORQUE
<b>Filed:</b>	<input checked="" type="checkbox"/> concurrently herewith <input type="checkbox"/> on _____ and assigned Serial No. _____

Docket No.: S63.2-11019-US01

## ASSIGNEE'S STATEMENT OF OWNERSHIP 37 CFR 3.73(B)

Scimed Life Systems, Inc. (name of assignee), a MN Corporation (e.g., corporation, partnership, university, government agency etc.) is the assignee of the entire right, title and interest in the patent application identified above by virtue of:

A. ☒ An assignment from the inventor(s) of the patent application identified above. A photocopy of the Assignment is enclosed.

OR

B. ☐ A chain of title from the inventor(s), of the patent application identified above, to the current assignee as shown below:

1. From : \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From : \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

The undersigned is empowered to sign this statement of ownership certificate on behalf of the assignee.

VIDAS, ARRETT &amp; STEINKRAUS

Date:

Sept 16, 2003

By:

Lisa L. Ryan-Lindquist  
Lisa L. Ryan-Lindquist  
Registration No. 43071

6109 Blue Circle Drive, Suite 2000  
Minnetonka, MN 55343-9185  
Telephone: (952) 563-3000  
Facsimile: (952) 563-3001

COPY

UTILITY/DESIGN PATENT  
Docket No. S63.2-11019-US01

ASSIGNMENT

WHEREAS, I(we), Tracee Eidenschink  
residing at 2232 Pinto Drive, Wayzata, MN 55391  
have invented and own the entire United States right, title and interest in an invention for:

BALLOON ASSEMBLY WITH A TORQUE

disclosed in my (our) application for United States Letter Patent filed:

- ☒ concurrently herewith  
☐ on \_\_\_\_\_ and assigned Serial No. \_\_\_\_\_; and

I (we) hereby authorize and request any attorney of Vidas, Arrett & Steinkraus, P.A., Suite 2000, 6109 Blue Circle Drive, Minnetonka, MN 55343-9185, to insert the filing date and application number of said application above when known.

WHEREAS, Scimed Life Systems, Inc. ("Assignee"), a corporation organized and existing under and by virtue of the laws of the State of MN, and having its principal place of business at One Scimed Place, Maple Grove, MN 55311, is desirous of acquiring the entire right, title, and interest in and to said invention, to said application for any and all countries, to any and all Letters Patent, and to any and all Design Letters Patent of any and all countries which may be granted thereon;

NOW, THEREFORE, Be It Known that for good and valuable consideration, the receipt of all of which is hereby acknowledged, I(we) hereby sell, assign, and transfer unto Assignee, its successors, and assigns, the entire right, title and interest, legal and equitable, in and to said invention, to said application for any and all countries, to any and all Letters Patent, and to any and all Design Letters Patent of any and all countries which may be granted thereon; and the Commissioner of Patents and Trademarks is hereby authorized and requested to issue all Letters Patent and all Design Letters Patent which may be granted to said invention to Assignee.

Dated: 9/11/03

First Inventor's Signature:  
First Inventor's Name:

Tracee Eidenschink  
Tracee Eidenschink

Dated: \_\_\_\_\_

Second Inventor's Signature:  
Second Inventor's Name:

\_\_\_\_\_

Dated: \_\_\_\_\_

Third Inventor's Signature:  
Third Inventor's Name:

\_\_\_\_\_

Dated: \_\_\_\_\_

Fourth Inventor's Signature:  
Fourth Inventor's Name:

\_\_\_\_\_

COPY

COPY

UTILITY/DESIGN PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

<b>Inventor(s):</b>	Tracee Eidenschink
<b>Title:</b>	BALLOON ASSEMBLY WITH A TORQUE
<b>Filed:</b>	<input checked="" type="checkbox"/> concurrently herewith
	<input type="checkbox"/> on _____ and assigned Serial No. _____

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Docket No: S63.2-11019-US01

POWER OF ATTORNEY FROM ASSIGNEE

As assignee of record of the entire interest of the above identified patent application, **Scimed Life Systems, Inc.** hereby appoint all practitioners of **Customer No. 490** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. I hereby authorize them to act and rely on instructions from, and to communicate directly with, the firm or person which sent this case to Vidas, Arrett & Steinkraus, P.A., unless or until I instruct Vidas, Arrett & Steinkraus P.A., in writing to the contrary.

Address all correspondence to **Lisa L. Ryan-Lindquist** at Customer Number 490.

Dated this 15<sup>th</sup> day of Sept., 2003.

(Company Name)

Scimed Life Systems, Inc.

(Signature)  
(typed name)

By:

James R. Chiapetta

(title)

Its:

Senior Patent Counsel